



Discipline, Liability, & Medical Release Form
This form is valid from June 1, 2024 to May 31, 2025.

Please check which option best describes your attendance:

☐ Student

☐ Sponsor

Participant: Name _____ DOB _____ ☐ Male ☐ Female
Address _____ City _____ State _____ Zip _____
Participant E-mail _____
Home Phone _____ Cell Phone _____
H.S. Graduation Year _____ Group Leader's Name _____
Health Insurance Company _____ Policy Number _____
Known Allergies & Reactions _____
Medications Currently Taking _____

Parents/Legal Guardians: Name (with whom you live) _____

Emergency Contact Information of Parents/Legal Guardian:

Cell Phone(s) _____ E-mail _____

Person to Notify if Parent/Legal Guardian Cannot Be Reached:

Name _____ Relationship _____ Phone _____

I, the parent or legal guardian of the participant listed on this form, certify that he/she has my full approval to participate in this program. The individual identified on this form understands that all participants are expected to abide by the program rules and be directly responsible to the program director and the Madison Park Christian Church group leader. Madison Park Christian Church assumes responsibility for discipline at the program, and if necessary, may, because of misconduct or disobedience, require a participant to leave. In such instance, I will assume full responsibility for returning the participant home.

Further, I do release and hereby agree to hold blameless Madison Park Christian Church and its employees and agents from any and every claim arising, or which may be asserted by me or by any member of my family by reason of participation in activities associated with this program. I also release the lessor/owner of properties on which the program is held.

Further, I do authorize the minister or sponsor of this activity or any Madison Park Christian Church staff member, in the event I cannot be reached by phone, to give consent to a physician and/or hospital for emergency medical or surgical treatment while on this trip. It is understood that I will assume any financial responsibility for any expense that may be incurred for said emergency treatment.

Further, I authorize Madison Park Christian Church to use photographs and video footage of the participant for promotional materials.

Further, I do certify that said participant is covered by adequate accident insurance. My consent and signature is given below. I have read and agree to the information given in this entire form.

Signature of Participant Named Above _____

(If Under 18 Parent/Legal Guardian Must Sign)

Signature of Parent/Legal Guardian _____ Date _____